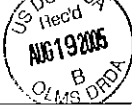


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |   |
|---|---|
| 1. File Number U - <u>16089</u>   | 2. Fiscal Year Covered From:<br><u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>  |
| 3. Name and address of person filing.<br>Name <u>Robin S Daniels</u><br>P.O. Box, Bldg., Room No., if any <u></u><br>Street <u>3605 Asher Street</u><br>City <u>Upper Marlboro</u><br>State <u>MD</u> ZIP Code + 4 <u>20772</u> | 4. Name, file number, and address of labor organization.<br>Name <u>National Postal Mail Handlers Union</u><br>Labor Organization File Number <u>000-505</u><br>P.O. Box, Building and Room Number, if any <u></u><br>Street <u>1101 Connecticut Avenue, N.W. #500</u><br>City <u>Washington</u><br>State <u>DC</u> ZIP Code + 4 <u>20036</u> |
| 5. Position in labor organization <u>Director Information Systems and Member Services</u>   |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name <u></u><br>Trade Name, if any: <u></u><br>P.O. Box, Bldg., Room No., if any <u></u><br>Street <u></u><br>City <u></u><br>State <u></u> ZIP Code + 4 <u></u>      | 7.a. Nature of Interest, Transaction, or Income.<br><u></u><br>7.b. Amount.<br><u></u> |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robin S. Daniels

On

8/15/05  
Date

202-833-9095 ext 1007  
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name First Health  
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street 3200 Highland Avenue  
 City Downers Grove  
 State ILL ZIP Code + 4 60515

## 9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street   
 City   
 State  ZIP Code + 4

## 11.a. Nature of such dealing.

First Health is the underwriter and administrator of the Union's health plan.

## 11.b. Approximate dollar value of such dealing.

Unknown

## 12.a. Nature of interest held or income received.

Union Convention (August 21-28, 2004) I attended several group buffet dinners, but did not eat the food until the last event. (est. value \$30-\$35). My husband who accompanied me on this trip attended the last buffet reception.

## 12.b. Amount.

\$60.75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
 Trade Name, if any:   
 P.O. Box, Bldg., Room No., if any   
 Street   
 City   
 State  ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.